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APPLICANTS

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** CONTINUING DATA *****
 This application is a 371 of PCT/GB99/00070 07/10/2000 *OK. P.H.*

** FOREIGN APPLICATIONS *****
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Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature: <i>[Signature]</i> Initials: <i>P.H.</i>	STATE OR COUNTRY UNITED KINGDOM	SHEETS DRAWING	TOTAL CLAIMS 1	INDEPENDENT CLAIMS 1
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TITLE
 Agent for treating allergic or hypersensitivity condition

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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